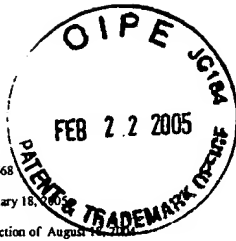


Appl No 09/936,668

Amdt dated February 18, 2005

Reply to Office Action of August 18, 2004



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jack T. Leonard
Serial No. : 09/936,668
Filed : September 13, 2001
For : Method of Ultrafiltration
Examiner : Kim, Sun U
Art Unit : 1723

Attorney

Docket No. : MCA-448A US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

In response to the Office Action dated August 18, 2004, please amend the above-identified application as follows:

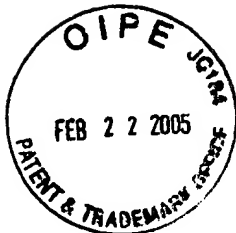
☐ Amendments to the Specification begin on Page of this paper:

☒ Amendments to the Claims are reflected in the listing of claims which begins on Page 2 of this paper.

☐ Amendments to the Drawings

☒ Remarks/Argument begin on Page 6 of this paper.

☐ An Appendix is attached.



Attorney Docket No. MCA-448A PC/US
Amendment Dated: February 18, 2005

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicants: Jack Thacher Leonard
Application Number: 09/936,668 Group Art Unit: 1723
Filed: September 13, 2001 Examiner: Sun U. Kim
Title: Method of Ultrafiltration

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL

Sir:

Transmitted herewith is an amendment in the above-identified application. In lieu of filing a Notice of Appeal in reply to the Office Action made final, Applicant's Attorney is filing a Request for Continued Examination (RCE). Reconsideration and further examination are requested.


- ☐ No additional fees under 37 C.F.R. Rule 1.16 are required.
☒ The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest Number Previously Paid For		(Col. 3) Present Extra	Rate	Add'l Fee
Total	* 29	-	** 33	=	0	X50	0
Indep.	* 9	-	*** 9	=	0	X200	0
TOTAL ADDITIONAL CLAIM FEE:							0
Extension of Time under 37 CFR 1.136(a)							\$1020
Request for Continued Examination							\$790
TOTAL FEE:							\$1810

- * If the entry in Col. 1 is less than entry on Col. 2, write "0" in Col. 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

- ☐ A check in the amount of \$ _____ is attached.
☒ Charge \$ 1810.00 to Deposit Account No. 13-3577. A duplicate copy of this sheet is attached.
☒ Please charge any additional fees or credit overpayment to Deposit Account No. 13-3577.

Respectfully submitted,


John Dana Hubbard
Reg. No. 30,465
MILLIPORE CORPORATION
290 Concord Road, Billerica, MA 01821
Phone: (978) 715-1265

JDH/smg